



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Kentucky's Master Settlement with the Tobacco Industry

- submitted by Todd Warnick
and Sylvia Cherry

"This tobacco settlement and the interest it has generated in smoking cessation presents Kentucky's public health and medical community with an opportunity to redouble its efforts to prevent tobacco-related illnesses. The funds present an opportunity for strengthened smoking cessation classes, health programs designed to discourage smoking in the first place, and efforts to help pregnant women avoid smoking. For example, if we could get pregnant women to quit smoking, Kentucky would have 25 percent fewer low birth-

weight (premature) babies and the accompanying physical, mental, and emotional distress."—Dr. Rice C. Leach, Commissioner of the Department for Public Health

The Master Settlement Agreement (MSA) of November 23, 1998, is a pact between states and the four leading tobacco companies, Brown & Williamson, R. J. Reynolds, Phillip Morris, and Lorillard. Under the MSA the companies agreed to contribute money for advertisements against smoking; stop using cartoon characters; discontinue billboard, stadium and transit ads; and cease

sponsoring some sporting and cultural events.

To implement the MSA, the Department for Public Health (DPH) began working immediately with the Office of the Attorney General (OAG). Activities include the following:

- In December 1998, staff from DPH, local health departments, and other state agencies formed a workgroup to develop a public health action plan for using tobacco settlement monies. The workgroup recommended a model developed by the CDC. This model calls for a state infrastructure for tobacco use prevention and control.
- The MSA's provisions call for tobacco manufacturers to remove all outdoor

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advertising of tobacco products by April 23, 1999. The MSA allows the Commonwealth of Kentucky to assume the contracts and leases of tobacco companies' billboards after April 23. The Commonwealth will be responsible for the design and placement costs of counter-marketing advertisements on the billboards.

- So that it would be prepared to act as soon as the MSA's billboard provisions went into effect, the DPH:
 - ✓ Identified tobacco billboard leases available to the state.
 - ✓ Contacted national and state outdoor advertising companies.
 - ✓ Consulted with the CDC on counter-advertising messages.
 - ✓ Negotiated the quantity of billboard leases with the tobacco companies and outdoor advertising companies.
 - ✓ Negotiated production costs with national and state print agencies.
 - ✓ Developed a marketing strategy for the counter-advertisements.
 - ✓ Recruited state and local health department staff for the OAG MSA Enforcement Training scheduled for March 30-April 1, 1999.
- On March 23, 1999, the DPH's Community Health Branch submitted a five-year, \$1.2 million per year application to the CDC. The

application proposes to address the CDC's four program goals and policy strategies:

- 1) Promoting quitting among both adults and youth;
- 2) Preventing the initiation of tobacco use;
- 3) Eliminating disparities among racial and ethnic minorities; and
- 4) Eliminating exposure to secondhand smoke.

An initial request of \$600,000 per year for local health departments to develop and implement community partnerships to prevent and reduce tobacco use was proposed in the application.

- Under the MSA, the tobacco companies will continue to pay the costs of contracts and leases for 65 billboards in the state. The DPH will pay the production costs of the counter-advertising messages for the 65 billboards. The DPH billboards will focus primarily on messages aimed at discouraging tobacco use by pregnant women.
- On March 30-April 1, 1999, the OAG conducted MSA enforcement training with staff from the DPH, Department of Agriculture, and Public Protection & Regulation Cabinet. These staff received MSA enforcement and training materials for training local constituents about the tobacco industry settlement and the enforcement of the

advertising and marketing provisions.

"The sad thing is that we have found so many people have tried to quit smoking but have failed. In telephoning Kentuckians for the survey our interviewers were struck by the many folks who said they had tried in the past to quit smoking but then went right back to it."—Karen Asher, Director of Kentucky's Behavioral Risk Factor Surveillance System (BRFSS)

According to the 1997 BRFSS, an impressive number—50.4 percent—of current smokers have tried to quit smoking in the past year. We hope that the MSA monies will place us in a stronger position to motivate Kentuckians to really quit smoking. This will go far to help our state's health and improve our economy.

ACH Anecdotes



WORDS OF HEALTH FOR WOMEN

Is it Possible to Prevent Breast Cancer with a Pill?

According to the American Cancer Society, twenty (20) women are diagnosed with breast cancer and four (4) women die from this disease every hour in the United States! Breast cancer will be diagnosed in

more than 178,000 and kill approximately 43,000 women every year. Breast cancer is the number two killer of women in Kentucky, with lung cancer being the first. Breast cancer risk factors include early menarche, late menopause, first pregnancy after the age of 30, first degree relative with a history of pre-menopausal breast cancer, personal history of benign breast conditions, and aging females. Most experts agree that the best approach to stopping breast cancer deaths is to find ways to prevent it.

Hormones, especially estrogen, have long thought to be influential in the development and promotion of breast cancer. As early as 1936, research suggested that interfering with estrogen's action in the breast might prevent breast cancer. With the development of the anti-estrogens, this possibility has become a reality.

Tamoxifen is an anti-estrogen; non-steroidal medication that acts by binding estrogen receptors in the cytoplasm of responsive cells as well as possible other modes. It was originally developed in 1966 as a possible

contraceptive. In the early 1970s Tamoxifen was used as a palliative treatment in metastatic breast cancer and since 1985, it has also been used as an adjuvant therapy after radiation and / or surgery for early breast cancer. It has been shown to prevent recurrent cancer as well as prevention of cancer in the opposite breast.

Many experts now agree that since Tamoxifen actually reduces the incidence of breast cancer, it should be a preventive treatment option for women at high risk of developing the disease. The BCPT (Breast Cancer Prevention Trial) is a current clinical investigation that is testing whether Tamoxifen and other drugs can prevent the development of breast cancer in healthy women at increased risk. The clinical trials (opened enrollment in 1992 and closed enrollment to women in September 1997) are now underway at 300 sites in the United States and Canada. The study is being funded by the National Cancer Institute (NCI) and the National Heart, Lung, and Blood Institute. A total of 13,338 women ages 35 and older that are considered at increased risk for breast

cancer are included. Equal numbers of women were randomly assigned to receive daily oral medication of Tamoxifen or a placebo. Treatment was expected to continue for five (5) years, with follow-up for at least seven (7) years. By the end of January 1998, initial results showed 45% fewer diagnosis of breast cancer in the Tamoxifen group compared to the placebo group!

Tamoxifen is not without risks. Hot flashes, vaginal discharge, and irregular menses are common in women taking this drug. More serious but rarer side effects include increased risk of endometrial cancer and thromboembolic disease.

In addition to Tamoxifen, other drugs are currently under investigation for the prevention or treatment of breast cancer and include Evista, Herceptin, and Taxol.

Many questions still need to be answered and the NCI is developing guidelines to help women and their health care providers decide when Tamoxifen is indicated. The President of NCI, Dr. Richard Klausner stated in a

message "the study tells us it is possible to prevent breast cancer but Tamoxifen is far from ideal, it isn't an end, but rather a beginning in breast cancer prevention."

Monthly self-breast examinations, and yearly clinical breast examination and mammography screening for the woman ages 40 and older remain the standard of care at this time as we look to the future for prevention options. For further information on this and other cancer related information call 1-800-4-CANCER. To request a copy of the study results by FAX call 301-402-5874.

- *submitted by Trisha Mullins, Certified Nurse-Midwife, Women's Health Consultant*



Lab Lines

The Y2K Bug:

Many experts are talking about the potential for computer problems when we change over to the year 2000. Some computers and devices using microchips record dates with six digits. They may read 01-01-00 as January 1, 1900 rather than January 1, 2000. It is anticipated that some devices dependent on dates for internal calculations

and functions may malfunction at the turn of the century. This potential problem could affect most any device with a microchip or date entry including some laboratory instruments. The table (*on the last page*) shows our survey of some laboratory instruments used in the health departments and what the manufacturers said about Y2K compliance.

Two federal government web sites on the Y2K topic:
www.hcfa.gov/Y2K and
www.fda.gov/cdrh/yr2000/year2000.html.

Congratulations! Moderate Complexity Sites Passed Inspection:

The routine Clinical Laboratory Improvement Amendments of 1988 (CLIA) inspection for the Moderate level CLIA certificate occurred on February 9, 1999. The moderate complexity sites are Boyd, Bourbon, Christian, Kenton, and McCracken counties. The inspector visited Bourbon County Health Department and requested quality control records by fax from Boyd, Kenton, and McCracken counties. All moderate level testing for which quality control products are commercially available were reviewed. The inspector was very complimentary of the good quality laboratory testing the records represented. Her report states "Your laboratory was in compliance with the CLIA regulations with no deficiencies noted on the survey."

Again Congratulations! Thanks also to Bourbon County for hosting their third CLIA inspection. The moderate complexity group will continue to be known as CLIA lab #18D0686182. We anticipate a new certificate for 1999-2000 will be issued very soon from the Health Care Financing Administration (HCFA). If you have any questions about this notice, please call me or Bill Gosney at 502-564-4446.

Plasma Glucose Testing:

In response to the changes found in the new *Public Health Practice Reference*, the Division of Laboratory Services will begin plasma glucose testing for prenatal patients on March 1, 1999. To submit the specimens you will need the following supplies from our lab:

- Lab form 230, Clinical Chemistry (revised 11/23/98)
- Gray stoppered collection tubes (contains sodium fluoride preservative)
- Orange "Clinical Chemistry" shipping labels
- Double-can blood shipping system or the multi-mailer pack

Specimens may be shipped at room temperature. Specimens must be tested within five (5) days of collection.

Environmental Chemistry Reminders:

- Specimen collection kits for the "Fluoride Test for Supplemental Program" are sent to you by the Dental

Health Program Office; please direct those requests to 502-564-3246.

- Blood lead screening tests are performed by the Jefferson County Health Department and specimens should be mailed directly to: Jefferson County Health Department, 400 East Gray Street, Louisville, KY 40202.
- *submitted by Donna Clinkenbeard, Division of Laboratory Services*

LHDO 'Lights

Public Health Practice Reference:

On March 11, 1999 the Department for Public Health's members of the Public Health Practice Reference Editorial Board and the Reference trainers celebrated the production and implementation of the revised Patient Services Manual. The Public Health Practice Reference is the title of the new version of this manual. This is the first major revision of the document.

The Reference includes protocols and standing orders as well as general practice guidelines. Two new sections are the Environmental Services Section and the Population-Focused Section. The Environmental Service Section provides an overview of services along with useful contact telephone numbers. It is expected that this section will be further developed. The Population-Focused Section

provides an overview of population-focused care and a reference to useful tools and resources that may be used to begin or further develop population-focused services.

Over 1,000 copies of the Public Health Practice Reference have been distributed to the local health departments and designated staff. Nine geographically located one and a half-day training sessions have been completed in addition to one internal staff training. Approximately 700 participants attended the trainings including state and local health department administrators, directors, nurses, nutritionists, and support staff. Updates to the Reference will be made on a quarterly basis with the first distribution to be on April 1, 1999.

- *submitted by Lucy Dean, Division of Local Health Department Operations*

World Health Day 1999:

Healthy Aging, Healthy Living – Start Now!
This international initiative is celebrated every year on **April 7th** to promote a forum for information sharing and discussion about health conditions worldwide. The focus will be on **healthy aging** in 1999.

The celebration occurs **everywhere!** World Health Day is observed in the World Health Organization's 191 member countries.

The purpose of World Health Day is to encourage people around the world to **think globally and act locally**. It is an opportunity for citizens in both urban and rural communities to learn from our brothers and sisters around the world and gain a better understanding of the challenges we all face. For more information, get your **free resource booklet** by writing or sending electronic mail to the American Association for World Health. You also can view or download the booklet from AAWH's Web site. The booklet will provide you with direction on how to get involved as well as information specific to healthy aging, including reproducible Fact Sheets.

TEN STEPS to Take for Healthy Living & Healthy Aging:

- Live a healthy life—Start now...it's never too late.
- Eat right and keep moving.
- Keep your mind active—keep learning new things.
- Select a health care provider who is knowledgeable about healthy aging and conditions affecting older persons.
- Know the health care benefits available to you under Medicaid, state programs, and private insurance plans.
- Take advantage of prevention services available to you.
- Get involved in programs in your own community that help you live a healthy life.

- Stay socially engaged—volunteer in your community with people of all ages.
- Make informed financial decisions—plan ahead for the older stages of life.
- Become informed about living arrangements such as assisted living and life-care communities.

Remember WORLD HEALTH DAY – APRIL 7, 1999!

- *submitted by Linda Burke,
Division of Local Health
Department Operations*

Healthy People in Healthy Communities: NATIONAL PUBLIC HEALTH WEEK 1999

“Healthy People in Healthy Communities” is the 1999 theme for National Public Health Week, which will be celebrated **April 5-11, 1999**. This national celebration provides us with an opportunity to recognize the contributions of public health to the nation’s well-being as well as help focus public attention on major health issues in our communities.

Thanks to public health professionals, National Public Health Week is now celebrated in communities in 46 states and by 60 percent of local health departments.

The American Public Health Association (APHA) chairs the National Public Health Week Steering Committee, a group of 20 state and national organizations and agencies

working to promote public health through this annual national celebration of public health practice and accomplishment.

To assist you in planning public health week activities, a complimentary copy of the 1999 National Public Health Week Planner’s Guide is available by calling (301) 893-1894. When ordering the Planner’s Guide, request APHA Publications Sales. Note that orders can only be filled by calling this phone number.

The Planner’s Guide offers:

- ❖ Suggestions on organizing and finding partners for your celebration;
- ❖ Media tips including news releases and PSAs;
- ❖ Success stories of communities celebrating National Public Health Week;
- ❖ Ideas on how to develop a marketing plan; and
- ❖ An evaluation form to share your public health week success stories with others.

Special thanks are due to our partner, the Colgate-Palmolive Company, which printed the Planner’s Guide. You will find an educational poster and a coloring/activity book for children from Colgate-Palmolive in your Planner’s Guide regarding the public health importance of hand washing.

- *submitted by Linda Burke,
Division of Local Health
Department Operations*

Staff Spotlight

Smoking Cessation Program Works to Aid Addicted Kick Unhealthy Habit:

Smokers have various methods to try when attempting to quit their habit – patches, medicines and therapy.

Bullitt Countians have another method – a smoking cessation class taught through the county health department.

Cynthia Brown, health educator, said smoking cessation classes are being taught at both the adult and teen levels.

The teen class, called Stop the Addiction Today (STAT), began at the first of the year as a result of a policy by the Bullitt County School System.

The schools have a strict no-tolerance policy for students found smoking or carrying tobacco products on school grounds.

Brown said she approached the school system about offering the STAT program as an alternative to suspension.

“If they don’t complete my program, they can be suspended,” Brown said.

The STAT program focuses on stress management, peer pressure, relaxation and anger management.

“Kids will say they get mad at a teacher and all they want to do is have a cigarette,” Brown said. “We focus on control.”

Now into her second group of students, Brown calls her first class a success. Three teens became tobacco-free and graduated from the program last month.

"I try to wean them a little at a time," Brown said.

Brown attempts to help the students see the class as a way to become healthy and to stay out of trouble at school.

"I think some of them view it as a punishment rather than as someone trying to help them," she said.

She currently has 10 students in her second class.

For the adults, Brown has incorporated the Cooper/Clayton Method, which was developed by a dentist and a psychologist. The Cooper/Clayton program is a 13-week course which focuses on the amount of tobacco a person uses each day compared to stress levels and other anxiety triggers.

It promotes a healthy lifestyle, good eating habits and therapy as a means of cessation.

Brown said the adult program has been in place at the health department for about a year, and of the six original graduates, five are still tobacco-free after a year.

A smoker for 15 years who quit more than a decade ago, Brown said she hopes the cessation

courses will help smokers quit without starting again.

"I think it's very successful," Brown said.

Anyone interested in joining STAT or the adult group should contact Brown at the Bullitt County Health Department at 502-543-2415.

- *excerpted from an article in The Pioneer News, March 15, 1999 by Mandy Wolf and submitted by Ned Fitzgibbons, Director, Bullitt County Health Department*

They Call Her MOM:

Becky Rehnborg relies on life's lessons to teach a new generation of young mothers
Becky Rehnborg knows firsthand the pain teen pregnancy can cause.

About ten years ago, Ms. Rehnborg, formerly an employee of the Pregnancy Care Center in Lexington, was visited one day by a timid young girl who at 17 had just learned she was pregnant with her second child.

During a counseling session at the center, Ms. Rehnborg, pregnant with her third child at the time, repeatedly emphasized the importance of either parenting the child or possibly placing it up for adoption if there was no way the girl could support it and her 6-month-old child.

After not seeing the girl again for two weeks, a chance encounter with the teen and her boyfriend

at a Lexington mall produced the worst news Ms. Rehnborg could have imagined.

The girl, confused and uncertain, had decided on an abortion and already had an appointment to have the procedure done.

"That was ultimately her decision to make, but I felt like there was more I could have done for her," Ms. Rehnborg says, reliving the heartache she felt upon hearing the news. "I never heard from her again."

From that day forward, Ms. Rehnborg vowed to do something to keep that heartache far away from herself and others.

Ten years later, she finally is getting the opportunity to achieve her goal thanks to the Clark County Health Department.

And now she's gone from being the mother of four daughters of her own to being a resource mother for a group of 81 pregnant teens and new teen-age mothers in Clark County.

The Roots of a Resource Mother:

"All my girls call me mom," Ms. Rehnborg says proudly of the teen-age girls enrolled in the Resource Mothers Program at the Clark County Health Department.

Ensnconced in a cubbyhole-like office in the health department's complex on Professional Avenue, Ms. Rehnborg gestures one by one to pictures of several pink

chiffon-and lace-clad babies of some of those girls carefully thumbtacked to a bulletin board above her desk.

"This little girl in particular, her mom is finishing up her GED and going to vocational school in Lexington," she says with a smile.

"Her mom is a stay-at-home mom right now, but she's got really good family support," she says, pointing to another baby. "And this young woman is working for a good company in Lexington."

The personal connection Ms. Rehnborg has with her patients is impossible to overlook as she goes through each of the photos, giving a brief description of the situation behind each teen mother and the progress each has made in recent months.

That bond, she says, is sought and encouraged through her role as the health department's only resource mother. The program is the department's cornerstone service for dealing with pregnant teens and teen mothers.

Although she's only been a resource mom for the past ten months, Ms. Rehnborg says the program actually began at the department five years ago after it was created by state health officials.

The program has sets of protocols Ms. Rehnborg must follow in her hour-long, monthly visits to each girl in the program, each of which details certain

health issues and topics pregnant teens should address before and after the birth of their children.

Girls 18 and under typically enroll in the program voluntarily after visiting the department for prenatal care or WIC assistance, she says.

Ms. Rehnborg's involvement with the teens begins sometime during pregnancy and normally lasts until a participant's child is one year old.

But the connection tends to last much longer, she says.

"I still keep files on the ones who are discharged," she says. "Once in a while I'll call them up just to see how they're doing. I do get attached."

Making the Connection

Although she strives to have a friendly relationship with her patients, Ms. Rehnborg is firmly persistent with the girls in order to make sure they are doing things best for their baby and themselves.

Doing so centers around three primary objectives, she says. Those objectives include that the teens and their babies are as healthy as possible, no more pregnancies for at least one year, and completing their education or earning a GED.

More specifically, Ms. Rehnborg will check each month to see if the girls are keeping their medical appointments and run through information about

weight gain, nutrition and prenatal health.

After the baby is born, safety in the home also becomes an issue, along with normal baby behavior and making sure all baby and early-child checkups are kept regularly, she says.

But of all things the program does allow for, delving too far into the girls' relationships is not part of it, Ms. Rehnborg says.

"The only thing I try to do is to reiterate what their doctor and nurses will say, and that's the fact that sometimes teens don't see how crucial it is to have a monogamous relationship," she says. "If they're not in a relationship, I try to encourage abstinence."

While her agenda is clear, sometimes being a friendly ear for the girls' questions and concerns proves to be the best plan of action.

"It usually comes in time, but some of the girls open up very quickly," she says.

In breaking down the barriers, Ms. Rehnborg often freely shares many details of her own personal life, including the fact that she now is raising her four daughters, ages 13, 11, 9, and 4, by herself.

"They know my life is not perfect. I've made mistakes. I had a failed marriage after 18 years," she says. "I want them to know I'm not this perfect person

who's going to come and tell them what to do with their baby."

And she makes no bones about the fact that she is not a nurse, although many people assume she is.

"I make that very clear from the beginning," Ms. Rehnborg says. "I provide the groundwork for them, but ultimately I turn things back to their doctor."

"I'm just here to be their older friend," she adds with a laugh.

Examining the Trends

In the ten months since she became a resource mother, Ms. Rehnborg has assisted about 200 teen-agers during their pregnancies and after the birth of their children.

The large majority of the 81 girls currently participating in the program already have had their child and are in the post-birth year of counseling, she adds.

And trends within the program are starting to show that most new pregnant teens in Clark County are among older youth.

"We don't like to see teen-agers get pregnant, but they're starting to be older teens," Ms. Rehnborg says. "Maybe that still doesn't sound good, but I think that's encouraging."

It's encouraging, she says, when considering numbers from several months prior reflected an increase in 14-year-old girls getting pregnant.

Currently only three 14-year-olds are involved in the program, she adds, noting all girls in that age group who enrolled in the program after becoming pregnant are now back in school.

"It's kind of amazing, but the younger ones will be the easiest to get back in school," she says. "At 15 or 16, you start to struggle a bit, especially if they've been out of school for a while. Once they hit the 17- or 18-year old range, if they're behind, it's really hard for them to see themselves back in school."

"If they're totally against high school, then I'll encourage getting a GED."

Overall, the progress of the participants does show promise, she says.

Out of 84 teen-agers who took part in the program between June 30, 1997 and July 1, 1998, more than half went back to school, earned a GED, obtained a job, or went to college following the birth of their children, according to state health statistics.

"The great majority of my girls, they become responsible, they take care of these babies, they take care of themselves, and they start looking toward the future," Ms. Rehnborg says. "I'm really proud of that."

A Success in Progress

Michelle Johns also is aware of the pain teen pregnancy can cause.

Michelle, a 17-year-old senior at George Rogers Clark High School, accidentally became pregnant by her then-boyfriend near the end of her sophomore year.

Admittedly petrified, Michelle says her pregnancy thrust her and her parents into a period of confusion and uncertainty.

"I knew that I was pregnant, but I didn't want to believe it at the time," she says.

But about one month before her son, Austin, was born, she enrolled in the Resource Mothers Program, and things have become increasingly brighter and more promising since, she says.

Now just months away from graduating high school with a 3.8 GPA, Michelle already has been accepted by Lexington Community College, where she plans to enroll in the dental hygiene program.

Even though Austin now is two months over the program's one-year limit, Michelle recently caught up with Ms. Rehnborg for a quick visit at the Clark Extended Educational Center's Daycare facilities on Vaught Road.

As Austin snoozed in a crib, Michelle briefed Ms. Rehnborg of her progress and plans, including attending this year's prom.

During a break in the conversation, Michelle stressed

the importance the program has had in her life.

“With the program, the daycare and the other programs in Clark County, I think that’s the only way I have done it,” she says.

“There wouldn’t have been any other way I could have finished high school.”

“And there’s always somebody you can turn to and ask questions,” Michelle continues. “I don’t feel as stupid asking her (Ms. Rehnborg) some of those questions as I would a doctor.”

After waking him shortly before Ms. Rehnborg leaves, Michelle stares down at Austin’s glistening blue eyes and smiles.

“This program is here for us to use,” she says. “You just pay with your time, and that’s the only payment you have to make.”

- excerpted from an article in The Winchester Sun, February 6, 1999 by Michael Cornett and submitted by Len Midden, Director, Clark County Health Department

Training Tidbits

RTC Training Courses – FY99

The Emory University Regional Training Center, Atlanta, GA, will provide fourteen (14) course offerings during fiscal year 1999 (July 1, 1998 – June 30, 1999).

All fourteen (14) offerings along with registration and course content have been forwarded to District Training Contacts and LHD Administrators. Any LHD employee wishing to attend these

offerings should contact their District Training Contact or LHD Administrator for course content and registration forms. Course dates, locations, and titles are listed below.

May 7, 1999 Frankfort
- Linking Quality Services *

***DISTANCE LEARNING EVENT – 4-5 Downlink sites**

May 14, 1999 Owensboro
- Orientation for New F.P. Nurses

May 14, 1999 Louisville
- Adolescent Health Issues

May 21, 1999 Lexington
- Creating An Efficient Clinic

June 4, 1999 Bowling Gr.
- Adolescent Health Issues

June 18, 1999 Lexington
- Postponing Sexual Involvement

June 24, 1999 Lexington
- Pharmacology Update for Clinicians

June 25, 1999 Lexington
- Current Reproductive Health Issues for Clinicians

LAB INSTRUMENTS:

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor’s Note. Thank you for your cooperation.

EDITOR’S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to: Sandy Williams, Editor
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